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Arrhythmias

RHYTHM OR RATE CONTROL FOR PERSISTENT ATRIAL FIBRILLATION: RESULTS OF LONG TERM FOLLOW-UP OF THE HOT CAFE STUDY POPULATION.

ACC Moderated Poster Contributions
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Session Title: Arrhythmias: AF/SVT: Morbidity and Mortality associated with Atrial Arrhythmias
Abstract Category: 16. Arrhythmias: AF/SVT
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Authors: *Dariusz A. Kosior, Grzegorz Opolski, Adam Torbicki, Dept of Cardiology and Hypertension, Central Clin Hosp, Ministry of the Interior and Administration, Warsaw, Poland, Poland*

Background: The HOT CAFE (How To Treat Chronic Atrial Fibrillation) study was conducted to compare rate versus rhythm control strategy in pts. with mildly symptomatic persistent atrial fibrillation (AF).

Methods: Investigators of HOT CAFE study enrolled 239 pts. (mean age 62.1 ± 8.1 years; 36.0% female) in 7 centers; 62.8% had HT, 43.5% CAD, 17.6% diabetes and 20.9% lone AF. In 60.3% pts. AF was the first episode of arrhythmia. Mean AF duration was 165.2 ± 73.2 days. The primary end point was a composite of death, stroke and other thromboembolic complications, bleeding and invasive procedures for optimal ventricular rate control. Pts. were assigned randomly to rate-controlling drugs, allowing AF to persist, or rhythm-controlling antiarrhythmic drugs, to maintain sinus rhythm.

Results: After mean period of 7.8 ± 0.8 years 167 pts. (69.9%; mean age 69.9 ± 8.2 year) from the HOT CAFE study population were screened. In rhythm control group 20.5% were on sinus rhythm, 82.4% received amiodarone. There was no difference in the occurrence of the combined primary end point between the study groups (RR 1.01; 95% C.I.: 0.67-1.53; $p > 0.95$). The rate of death (11.8% i 9.6%), stroke (10.2% i 15.7%), thromboembolic complications (4.4% i 2.4%) as well as invasive procedures (8.8% i 13.3%) was comparable between study groups. Rhythm control strategy was associated with higher rate of sudden cardiac deaths (4.8% vs 0.0%) and hospitalization for heart failure (27.7% vs 4.4%). Quality of life improved with time in both rate-control and rhythm-control groups, with no differences between groups, however rhythm control was associated with worse NYHA functional class. Rhythm control strategy led to higher hospitalization rate and prolonged hospital stay.

Conclusions: There was not inferiority of rate control strategy noted during the long term follow-up.